

The Best Ever Annual — Ohio Foot and Ankle Medical Association Scientific Seminar Memories
SEE PAGE 9

ON THE COVER —
Color Guard Presents Arms at the Opening of the Annual Foot and Ankle Scientific Seminar



Journal

OF THE
OHIO FOOT AND ANKLE MEDICAL
ASSOCIATION

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A WORD FROM THE PRESIDENT

The Best Ever “Annual”

Thank you to all the participants who helped make the year's Annual Foot & Ankle Scientific Seminar the best we've ever had! The seminar co-Chairs, Drs. Larry DiDomenico and Mark Hardy, lined up an impressive

faculty of distinguished speakers. PICA presented their annual seminar saving OHFAMA



Karen Kellogg, DPM

members 15% on their premiums. Dr. Richard Weiner presented top research papers from residents around the state with the Residency Paper Competition. OHFAMA ED, Dr. Jimelle Rumberg, and staff members, Luci Ridolfo and James McLean worked around the clock preparing and running the premier CME seminar in Ohio at the beautiful Columbus Hilton at Easton. In addition to the Annual seminar, OHFAMA presented its first ever Sports Injury Clinic in March and the 2014 Coding seminar in April. It's been a busy CME year to date. We hope you enjoyed “The Annual” and all the CME events hosted by OHFAMA this year.

OHFAMA was a sponsor for the Glass Slipper Fete held by Kent State University College of Podiatric Medicine. I proudly watched as my friend and OHFAMA member/APMA Delegate, Dr. Bruce Blank, was inducted into the Podiatry Hall of Fame. I had the privilege of sitting with incoming KSUCPM Dean, Dr. Allan Boike and Interim Dean, Dr. Bryan Caldwell. Also in attendance was U.S. Representative Bill

Johnson, who came to see Dr. Blank receive his award. Representative Johnson is a friend of Podiatry and a co-sponsor on the HELLPP Act. This year's event was held at the Western Reserve Historical Society.

Dr. Rumberg and I were welcomed at Academy meetings hosted by Southern Academy in Cincinnati and the Central Academy in Columbus and the Eastern Academy in Boardman. We have some outstanding up-and-coming leaders in our Academies. It has been a great experience to meet our local Academy members and officers.

The OHFAMA Executive Board is looking forward to a meeting with the Ohio State Medical Association President, Mary Wall, MD, JD, in July. This is a very exciting opportunity to network with our local allopathic colleagues. Earlier this spring, OHFAMA Exec Board met with our osteopathic colleagues. These landmark meetings are an important first step for Vision 2015. In California, a Physician & Surgeon Joint Task Force was formed to work with MDs and DOs to determine what needed to be upgraded in curriculum and residency training in order for MD=DO=DPM. California is nearing its goal of parity with the full support of the CMA. Ohio is following California's example and developing relationships with the OSMA and the OOA.

Thank you to all who gave generously to OPPAC at the Annual seminar. This year's Chair, Dr. Corey Russell, has been working hard to raise the funds to meet our PAC needs – so please don't forget to support the PAC. We need and appreciate the financial support of all members to work toward our goal of parity with licensure as well as reimbursement.

Have a great summer and thank you for your ongoing support of OHFAMA.



2014

July 17-19

GXMO – SOLD OUT
APMA Scientific Meeting, Honolulu, HI

August 7

9:00 AM
Budget and Finance
OHFAMA Headquarters

August 7

10:00 AM
Board of Trustees · OHFAMA Headquarters

September 11

7:00 PM
Executive Committee Conference Call

September 16

OHFAMA Journal Deadline

September 20

The Quickie Seminar · Midwest Academy
Hilton Garden Inn, Austin Landing
Dayton

October 2

9:00 AM
Budget and Finance · OHFAMA Headquarters

October 2

10:00 AM
Board of Trustees · OHFAMA Headquarters

October 23-25

Super Saver CME Event
North East Academy
Cleveland Airport Marriott

November 6-8

GXMO · OHFAMA Headquarters

November 14

1:00-5:00 PM
Budget/Finance BOT
Columbus Airport Embassy Suites

November 15

8 AM-12:00 PM
House of Delegates Annual Meeting
Columbus Airport Embassy Suites

November 15

12:30-1:30 PM
Board of Trustees
Columbus Airport Embassy Suites

December 11

8:00 AM
Executive Committee Conference Call

**Please note that as of January 1, 2014
all staff email addresses have changed:**

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Atwell Honored by American Red Cross



Robert Atwell, DPM

Pop culture heroes may perform superhuman feats against overwhelming odds, but their real-world counterparts are ordinary people who make extraordinary things happen. One such group was honored in March, 2014 by the Red Cross of Knox County at the 12th Annual Heroes Breakfast at Lakeholm Church of the Nazarene. Among those honored were OHFAMA member Robert Atwell, DPM. Dr. Atwell, who has 30-plus years in the arts—the art of healing—and received the Healthcare Hero Award from Knox Community Hospital CEO Bruce White. Dr. Atwell came to Mount Vernon in 1980 to practice medicine but also immersed himself in the community. Among many organizations and causes he's supported Kiwanis, March of Dimes, Mt. Zion Masonic Lodge, Mount Vernon Band Boosters, OSU Alumni Association and Walk for Alzheimer's. As a living donor, his bone marrow and blood (18 gallons and counting) have doubtless saved lives. *Source: Mount Vernon News, March 4, 2014 (with permission)*

Block Testifies at FDA Hearing

Alan Block, DPM, MS represented the My Leg My Choice Foundation at a Food and Drug Administration (FDA) Hearing on Thursday, June 12, 2014. The Circulatory System Devices Panel of the Medical Devices Advisory Committee's day-long hearing included

an open public forum during which Dr. Block addressed why we must look beyond amputation as a treatment option for patients with peripheral artery disease (PAD), as well as the unmet needs of the PAD patient community.

As one of the foundation's key physician leaders, Dr. Block identified challenges faced by PAD patients and explained why alternatives to amputation are needed. Dr. Block has spoken at numerous medical conferences on the drawbacks of amputation and how new treatment protocols can save limbs, and ultimately, a patient's life. The foundation's objectives include raising awareness about PAD screenings, symptoms, and treatment approaches. *Source: PM News; June 16, 2014 #5,086*



Alan J. Block, DPM, MS

Dr. Bruce G. Blank is Inducted into Hall of Fame Society

Kent State University College of Podiatric Medicine inducted two new members into the College's Hall of Fame Society: Bruce G. Blank, DPM and Richard D. DiBacco, DPM. The KSUCPM Hall of Fame recognizes distinguished alumni who are dedicated to the College of Podiatric Medicine and contribute to achievements within the podiatric medical community. Blank attended the Ohio College of Podiatric Medicine and graduated in 1987. His accomplishments include the first DPM to gain surgical privileges at five hospitals in his local area and being named one of America's Most Influential Po-



Bruce G. Blank, DPM

diatrists by Podiatry Management Magazine, receiving the Champion of Podiatry Award from the OPMA and Distinguished Alumnus of the Year Award from OCPM. Blank is a past president of OPMA and serves as a Delegate to the APMA HOD. Congratulations Dr. Blank! *Source: PM News*

Dr. Kevin Lutz named COO at Grant Medical Center



Kevin Lutz, DPM

Kevin Lutz, DPM, has been named chief operating officer for OhioHealth Grant Medical Center. Dr. Lutz has been vice president, Surgery and Anesthesia, for the past three years. During that time, he has led vast improvements to Surgical Services including significantly reducing operating room turn-

Lutz continued on page 4.

Lutz continued from page 3.

over time and improving on-time starts for procedures. He also helped maintain a Joint Commission readiness program for Surgical Services with a perfect record of successful site and certification visits.

In his new role, Dr. Lutz will be responsible for the overall direction, coordination, and evaluation of assigned business units, departments, or functions, and carries out supervisory and managerial responsibilities. He will be responsible for short- and long-term strategic planning for the hospital, and actively promoting the mission of OhioHealth by achieving overall quality, service and performance improving outcomes.

He will be responsible for short- and long-term strategic planning for the hospital, and actively promoting the mission of OhioHealth by achieving overall quality, service and performance improving outcomes.

“OhioHealth Grant Medical Center is an exceptional place to work. I came here to do my residency 13 years ago and never left. I am excited that I will continue to grow with leadership opportunities in such a great organization.”

A member of the Grant family since 2001, Dr. Lutz is a board-certified podiatric surgeon with a strong background in business and surgical operations management, having led many operational projects from conception to completion.

He holds numerous leadership position at Grant, including Medical Director of Infomatics, Construction Lead Physician and Associate Residency Program Director. He is also currently the lead executive at Grant for CareConnect, a new, integrated electronic medical record system which will transform the way patient care is delivered at OhioHealth hospitals. Dr. Lutz has also been heavily involved in the ongoing Bed Privatization Project that will add 20 new private patient rooms to Grant.

He holds a Bachelor's of Science degree in business administration and accounting from Jacksonville University and received his Doctor of Podiatric Medicine Degree from the New York College of Podiatric Medicine in New York City.

Dr. Lutz lives in Delaware, Ohio with his wife and three young children and enjoys working on his farm, boating and keeping fit to keep up with his children and marathon-running wife. *Source: Belinda Snyder, Residency Program Administrator, Grant Medical Center*



Michael Canales, DPM

Canales Named Section Chief

Dr. Michael Canales has been named Section Chief of Podiatry at St. Vincent Charity Medical Center. In this role, he assumes the administrative leadership and management responsibilities for all aspects of the Division of Podiatric Medicine.



Dr. John Mehnert

Dr. Mehnert Elected Director of Surgery

Dr. John Mehnert, of Wilmington, was recently elected director of surgery for a two-year term at Clinton Memorial Hospital. Dr. Mehnert is a member of the Ohio Foot and Ankle Medical Association and is Board Certified by the American Board of Foot and Ankle Surgery (formerly ABPS). Congratulations, Dr. Mehnert! *Source: PM News. May 26, 2014 #5,068*



L. Russell Sayner, DPM

Sayner Establishes Foundation Foot & Ankle Clinic

Dr. L. Russell Sayner has acquired the Dover podiatry practice formerly known as Podiatric Health Physicians Inc. Sayner was an associate for 10 years in the former business with Dr. Richard Ransom, who is continuing his practice in Wooster.

Sayner has established Foundation Foot & Ankle LLC, which is his own practice. He provides medical and surgical care of the foot and ankle to patients of all ages. Those services include treatment of sports injuries, heel pain, skin and nail problems, diabetic foot problems and correction of deformities. He also provides customized orthotics.

Sayner is a native of Cleveland Heights, and has practiced in Dover since 2004. He graduated Summa Cum Laude from OCPM.

He received his residency training at the Beth Israel Deaconess Medical Center, an affiliated teaching hospital of Harvard Medical School in Boston. He is Board Certified in Foot Surgery and Reconstructive Rearfoot & Ankle Surgery by the American Board of Podiatric Surgery.

“It is not ‘normal’ for your feet to hurt!” Sayner said. “Seventy-five percent of Americans will experience foot health problems at some point in their life. The team at Foundation Foot & Ankle is committed to improving the health, well-being and quality of life for residents of the Dover-New Philadelphia area and surrounding communities.” *Source: PM News [5/23/14]*

OPPAC Fights On For You

Another Annual OHFAMA (OPMA) seminar has come and gone and it had the largest attendance in its history. I saw many of my colleagues there and frequently manned the OPPAC booth to procure donations. Thankfully, I was able to speak to a large group of attendees prior to the PICA lecture to pass along the most recent OPPAC updates.

As many of you know, OPPAC is the political wing of OHFAMA and is constantly working with our lobbyists Dan Leite and Courtney Saunders to keep Podiatry part of all the coming health-care changes that are on-going through the ACA ("Obamacare") and Medicaid expansion. We strive to support the congressmen and women who best support our profession. In addition, there are a myriad of bills continually presented through the Ohio House of Representatives and Senate which would have an effect on our profession.

One current example is HB 326, the Diabetic Therapeutic Shoe Fitters bill. This bill would allow pharmacists to dispense diabetic shoes. Of course, we take this issue very seriously because we as podiatrists are frequently dealing with diabetic complications resulting from ill-fitting footwear in our diabetic population. We are uniquely suited to address this issue as part of our training and truly believe that diabetic shoe-

wear should be left in the hands of the Podiatric physician. OHFAMA and OPPAC are currently working to make sure the diabetic population is protected and assured that footwear issues will only be handled by the professionals who are duly trained to handle this issue.

Recently we have formed a committee through OHFAMA and OPPAC to focus additional efforts to achieving parity for Podiatry in Ohio. It is part of our overall vision in OHFAMA and OPPAC to achieve the parity currently being realized in California and Oregon through the earnest efforts of their respective state components of the APMA. This is going to be our greatest challenge, but the work has already begun in meetings with the Ohio Osteopathic Association Board of Trustees and the upcoming July meeting with the Ohio State Medical Association President. Working together with MDs and DOs in addition to our on-going lobbying efforts in Columbus, **WE WILL ACHIEVE PARITY FOR PODIATRY IN OHIO!!**

Your donations allow OPPAC to continue its work and we greatly appreciate your support! Thank you to all that have already donated in 2014 and I hope everyone else will consider it because we cannot do it without you!

Sincerely,
Corey B. Russell, DPM FACFAS FACCSWS
OHFAMA 1st Vice President and
OPPAC Chairman

Thank You

**TO OUR 2014 OPPAC
CONTRIBUTORS:
AS OF 6-16-14**



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OHFAMA
for your
endorsement!

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EXECUTIVE DIRECTOR'S MESSAGE

On the road to making historic strides in podiatry in Ohio

Woot! Woot! Largest-ever OHFAMA scientific seminar is now history. We had 332 DPM; 53 Assistants; 11 guests and 235 vendor

representatives with 78 booths. Additionally, we had tables for CGS Medicare, the Ohio Department of Health – Falls Prevention Network, the Ohio Department of Medicaid, the State

Medical Board of Ohio, the Ohio Physicians Health Network, Kent State University College of Podiatric Medicine and Web Power Video. Whew!

It was fabulous to see so many members. Likewise we had attendees from Alabama, Arizona, Georgia, Iowa, Illinois, Indiana, Kentucky, Michigan, Missouri, New Jersey, New York, Pennsylvania, Virginia and West Virginia.

Take part in "The Annual" in 2015

We are now putting all members (yes, that means everyone that is reading this publication) on notice to attend The Annual Scientific Seminar next June in Columbus for the Centennial Celebration, June 4-6, 2015. Check out the home page of our web site (www.ohfama.org) to view our new video announcements regarding this event. Come help us commemorate the podiatric profession in Ohio as we celebrate 100 years of service with a grand party and terrific seminar. Plan now to attend this once in a lifetime event at the Columbus Hilton Hotel at Easton, June 4-6, 2015.

OHFAMA members work hard for all podiatrists

Other exciting news of note is the Ohio Department of Medicaid (ODM) included 10 new procedure codes for podiatry. We were very pleased that these codes were accepted within 2 months of our meeting with the ODM. We have also supplied the ODM a

complete listing of all podiatric E&M codes for their consideration for the upcoming five-year OAC contract period in 2015.

OHFAMA has also requested Level 4 provider status be given to podiatric physicians. OHFAMA's Medicaid Task Force with members Dr. Marc Greenberg and Dr. Corey Russell along with liaison Dr. Jerry Ferritto worked diligently under the tutelage of the Chair, Dr. Andy Bhatia. Be sure to thank these members for their volunteer time on your behalf.

Capitol inroads

It's been a busy lobby year and our PAC has represented you at 12 events, with more to come! Much will be determined before the end of 2014, so remain vigilant.

We continue to ask you to invite a legislator to your office this summer. Legislators are home on summer legislative hiatus, so it's the perfect time to invite them over to visit you. These visits make HUGE inroads for us at the Capitol. When they know you, issues become personal. They see first-hand what you do and will have a new-found respect for the podiatric profession.

Calling all podiatrists

If you're unsure how to proceed and what to do, please let us know. We have a packet that is a step-by-step guide. Please help us "carry your water" at the legislative well. Invite a legislator to come visit your office. We can't do it without your help. Those that say that they can't contribute to our PAC financially can certainly take two to three hours to have a legislator over to your office to see what you do. They really don't have a clue what you do as a podiatric physician unless they're one of your patients. Simply put, it's imperative that you, as their constituent, educate them about being a physician.

If you are truly serious about wanting parity, the first step begins with YOU. Please let OHFAMA know how we can help. We will be glad to assist you.



OHFAMA Comments on ACA Non-Discrimination Provision

OHFAMA responded to a request that appeared in the Federal Register (Vol. 79, No. 48) for information on the ACA Provider Non-Discrimination provision issued by CMS, IRS, the Employee Benefits Security Administration, Department of Labor and Department of HHS.

The provision states that a "group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health-care provider who is acting within the scope of that provider's license or certification under applicable state law." The clause applies to self-insured employee health benefit plans, group health insurance plans, and individual health insurance plans for plan years beginning on or after January 1, 2014. Individual and small group products purchased through the exchanges and the Basic Health Plans are subject to the provider non-discrimination clause. It does not apply to Medicare, Medicaid, and grandfathered plans.

OHFAMA asks that agencies implement the provision in accordance with congressional intent. The comment letter addressed: defining discrimination; discriminating with respect to coverage by excluding based on service type, not provider type; discriminating with respect to participation, meaning plans cannot uniformly exclude specific types of providers from their networks or vary reimbursement solely based on provider type; prohibiting health plan policies with discriminatory impact; prohibiting health plan downstream entities from engaging in discrimination; and reporting to enforcement agencies in order to monitor compliance.

The request for information was issued because Congress asked the agencies to fix a FAQ on the provider non-discrimination provision that did not conform to the legislative intent of the statute. OHFAMA followed the lead of APMA and other components and remitted a letter on behalf of our Ohio podiatric physicians.



Jimelle Rumberg, PhD, CAE

AT THE OHIO GENERAL ASSEMBLY

Legislature Heads for Summer Recess after Busy First Half of 2014

by Dan Leite, Capitol Advocates

As of June 3, the Ohio General Assembly completed its legislative work before beginning a summer recess that is expected to last at least into late September (when the legislature could return for a few days of activity) and possibly until after the November general elections. Before this legislative break, the General Assembly sent numerous bills to Governor John Kasich for his approval, including “Mid-Year Budget Review (MBR) bills focused on general government operations, taxation administration, education and workers’ compensation. In addition, some bills in which OHFAMA is directly involved in or monitoring on behalf of our members remain before the legislature for further consideration in 2014. Included in that aforementioned list are the following bills:

Prescription Drug Abuse—The House and Senate recently overwhelmingly approved HB 314, legislation that would require prescribers to obtain a written informed consent from a parent or guardian of a minor in order to receive a prescription for an opiate-related drug. At the request of numerous prescribing groups, including our association, the Senate deleted language that would have instituted a mandatory six month license suspension for failure to obtain the required informed consent and also deleted language that would have placed a potential \$20,000 fine on each violation.

The Legislature also passed HB 341, legislation that will require Ohio prescribers to register with (by January 1, 2015) and consult the Ohio Board of Pharmacy’s

OARRS system when issuing a prescription for an “opiate analgesic” or benzodiazepine drug. OHFAMA and other prescriber organizations worked very closely with Representative Ryan Smith and other House and Senate leaders to formulate the final version of this bill into a workable, common sense measure (the original version of the bill mandated using the OARRS system for all controlled substance prescriptions) that most organizations now support. The language of HB 341 was incorporated into the general MBR legislation (HB 483) for final passage. Governor Kasich signed HB 483 on June 16.

Diabetic Shoe Fitters—OHFAMA is currently in negotiations with other interested parties (mainly the Ohio Pharmacists Association) and bill sponsor Representative Kristina Roegner regarding House Bill 326, legislation that would exempt diabetic shoe fitters from licensure by a state board. HB 326 passed the Ohio House 96-0 and is now before the Senate Commerce & Labor Committee. Our association remains opposed to the current version of the bill but has worked with OPA and Representative Roegner on amendment language that would exempt pharmacists (as many other health care professionals are already exempted in law including athletic trainers, LPNs, PTs, etc.) from the currently required licensure and training structure and insure that approved national training and education coursework are required by those other personnel seeking to provide this service. The Ohio Senate did not act on this bill before the summer recess.

Telemedicine Rule—The Department of Medicaid has published a draft of an administrative rule regarding the ability of certain health care professionals to provide telemedicine services in the Medicaid program. These draft rules were a direct result of the passage of House Bill 123, legislation that directed the department to establish methods for using telemedicine services. In the initial draft of the rule, only MD’s and DO’s would be permitted to provide the telemedicine service from a “distant site” but podiatric physicians and optometrists would be eligible to have patients in their offices receive telemedicine services from others. While OHFAMA (and other groups) formally

submitted comments to Medicaid director John McCarthy to amend the draft rules to allow our members to provide and be reimbursed for telemedicine services, these rules were not changed in the initial stage before being sent to the Common Sense Initiative (CSI) for further review. OHFAMA will be submitting comments to the CSI on this proposed rule and plans to testify before Department of Medicaid once the rule is formally submitted for consideration. OHFAMA plans on testifying at a public hearing on the rule once the rule process enters that portion of the deliberation process.

HB 519—Medical Board Administrative Changes/Podiatry Changes—Representative Kirk Schuring has introduced HB 519, legislation that will make administrative changes to the operations of the State Medical Board as well as minor changes with the way the Board interacts with Ohio’s podiatric physicians. This bill is a direct reflection of months of discussions between OHFAMA and the Medical Board and our association approves of the proposed changes contained in HB 519. However, OHFAMA has contacted Representative Schuring to request that language be added to the bill to address certain areas of the Ohio Revised Code that appear to be outdated because of the non-inclusion of podiatric physicians in some sections of the Medical Board’s governing laws. HB 519 is before the House Health & Aging Committee (it has only had one sponsor’s hearing) and was not acted upon before the summer legislative recess.

Other Pending Bills—There is also legislation in the Ohio Senate, SB 118, sponsored by Representative Charleta Tavares, which would require health plans to cover telemedicine services in the health benefit packages. In her version of the bill, Senator Tavares also only included MD’s and DO’s as those providers eligible to provide and receive reimbursement for telemedicine services. OHFAMA has submitted written testimony to the Senate Insurance committee and to Senator Tavares expressing support for the bill if podiatric physicians are amended to be included in this bill.

Memorable Moments from 98th “The Annual”



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OPPAC Booth at The Annual



2014 Residency Paper Competition
Participants with the Chair, Dr. Rick Weiner



Dr. Eric Lew, the Residency Competition First
Place Award Winner



2014 Exhibit Hall Chair Dr. Tom McCabe
staffing the OPPAC Booth



The Annual 2014 Scientific Seminar Co-Chairs
Dr. Mark Hardy and Dr. Larry DiDomenico

Third Party Payer Clarity

Do you find that the more you read about the health insurance market, the more you ponder? There are public/government (Medicare, Medicaid including CHIP, Veterans Affairs, TriCare) and private commercial sources. Commercial insurance can be “fully insured” meaning the insurance company bears the financial risk or “self-insured, where the employer assumes the financial liability. The Ohio Department of Insurance (ODI) regulates the fully insured market while the self-insured plans are federally regulated, subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Medicaid is a jointly administered federal-state program. Ohio has moved virtually all of its Medicaid business to managed care organizations. The Managed Care Payers are Buckeye/Centene, CareSource, Molina, Paramount, and United Health Care. They were awarded three-year contracts statewide effective July 2013.

Medicare is a federally run health insurance program for most over the age of 65 and others who qualify. This population can choose to purchase private supplemental policies or replace public coverage with a private Medicare Advantage product.

The Affordable Care Act (ACA) has become the most significant market impact of 2014. The ACA has an individual mandate, expanded Medicaid coverage up to 138% federal poverty level, and established Insurance Exchanges or Marketplaces for Individuals with subsidized premiums and Small Groups (<50 employees). Payers electing to sell products must meet specific criteria to become Qualified Health Plans (QHPs) In Ohio, 12 entities are offering plans on the public Exchange/Marketplace (www.healthcare.gov); four each from commercial insurers (Anthem, Coventry [Aetna], Humana, and Medical Mutual); hospital-based organizations (HealthSpan [CHP-Cincinnati], Kaiser [CHP-Cleveland], Aultcare [Canton], and SummaCare [Akron]); and historical Medicaid plans (Buckeye, CareSource, Molina, and Paramount).

You, as a provider, need to know that the transition to ACA mandated products will take place over a few years, meaning that you will be dealing with old and new plans.

The Northeast Region’s effective enrollment date was 5/1/2014; Northwest, Northeast Central and Southwest regions’ date was 6/1/2014; and East Central, Central and West Central regions’ effective enrollment date is 7/1/2014.

But wait. There’s more. Beginning May, 2014, Ohio kicks off a planned three-year demonstration project entitled MyCareOhio for those dually eligible for Medicare and Medicaid in 29 of the post populous counties. Bids were awarded to managed care companies by region. For the Northwest Region that includes Fulton, Lucas, Ottawa, and Wood counties (pop. 9,884) the managed care companies are Aetna and Buckeye. For the Southwest Region, including Butler, Clermont, Clinton, Hamilton and Warren counties, (pop. 19,456) the managed care companies are Aetna and Molina. For the West Central Regions, including Clark, Greene and Montgomery counties (pop. 12,381), the managed care companies are Buckeye and Molina. The Central region includes Delaware, Franklin, Madison, Pickaway and Union counties (pop. 16,029) and the managed care companies are Aetna and Molina. East Central Region (pop. 16,225) includes Portage, Stark, Summit and Wayne counties with managed care by CareSource and United. The Northeast Central Region (pop. 9,284) includes Co-

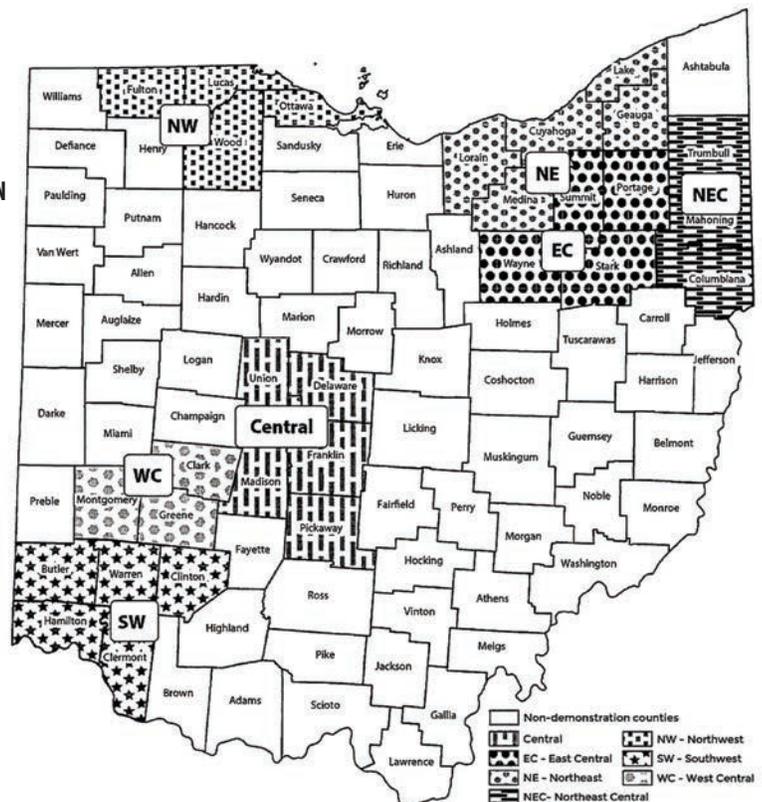
lumbiana, Mahoning and Trumbull counties with managed care by CareSource and United. The Northeast Region (pop. 31,712) includes Cuyahoga, Geauga, Lake, Lorain and Medina counties with managed care by Buckeye, CareSource and United

Members will have a choice of plans for the Medicaid portion. Members have until January 2015 to choose their Medicare plan. Members can keep an existing Medicare Advantage plan or stay in standard Medicare. Those who do not choose will be enrolled in a dual plan to match their Medicaid choice. The Medicaid plan is designed as the single point of contact and care coordinator. Members are unrestricted when accessing network providers.

The Third Party Payer environment is complicated. Clearly, the cumulative result is more people have access to insurance coverage than before. The industry trend is toward emphasis on primary care and prevention, both in scope of benefits and reimbursement. Analysis of outcome data is becoming more dependable. This will facilitate the purchaser stated desired goal of paying for value over volume. Providers should consider these factors as they make decisions on third party participation.

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**MYCAREOHIO
REGIONS &
DEMONSTRATION
COUNTIES**



Damn Those Hackers: What Can You Do?

We know you are concerned about protecting your computer and information and take steps to secure them. However—just like driving a car—no matter how safely you drive, sooner or later you may have an incident. We hope that this information will help you to know what to look for to determine if your computer is hacked, and if so what you can do about it. Ultimately, the quicker you detect your computer has been hacked and the faster you respond, the better you can mitigate any harm to you or your office.

Indicators of Compromise

First, you need to understand that in many cases there is no single step you can take to determine if your computer is hacked. Instead there are usually several indicators. If you identify a combination of these, this implies your computer is hacked.

How to Respond

If you believe your computer has been compromised, the sooner you respond, the better. If the computer you are using was provided to you by your employer or is used for work, do not try to fix your computer yourself and do not turn the computer off. Not only you may cause more harm than good, but you could destroy valuable evidence that can be used for an investigation. Instead, report the incident to your employer right away, usually by contacting your help desk, security team or supervisor. If for some reason you cannot contact your organization, or you are concerned about a delay, disconnect your computer from the network and then put it in sleep, suspend or hibernation mode. Even if you are not sure if you have been hacked, it is far better to report now just in case. Your organization most likely has processes and a team in place to handle situations like this, let them handle it. If the computer is your own for personal use, here are some steps you can take on your own.

Backups

The most important step you can take is to prepare ahead of time with backups.

Specifically backup your data regularly and periodically check that you are able to restore files from your backup. Quite often when a computer is compromised, the only option you have is wiping the system hard drive and reinstalling the operating system, or purchasing a new computer. Either way you need your backups to recover your personal data.

Change Your Passwords

Be sure to change all your passwords. This includes not only the passwords on your computers and mobile devices, but all of your on-line passwords. Be sure you change all your on-line passwords from a different computer that you know is trusted and secure.

Anti-virus

If your anti-virus software informs you of an infected file, you can follow the actions it recommends. This usually can include quarantining the file, cleaning the file or deleting the file. Most anti-virus software will have links which you can follow to learn more about the specific infection. When in doubt, quarantine the file. If that is not possible, then delete it.

Re-installing

If you are unable to clean the computer with anti-virus, one of the most secure ways to recover is to rebuild the computer from scratch. First disconnect your computer from the network. Then follow your system's manufacturer's instructions, in most cases that means using the built-in recovery partition to reinstall the operating system. If the recovery partition is missing, corrupted or infected, then contact your manufacturer and request that they send a recovery DVD. Do not reinstall the operating system from backups. Your backups may have the same vulnerabilities that allowed the hacker to originally gain access. The only thing you should use your backups for is recovering your personal data. Also, if your computer is old or outdated, it may be simpler (and perhaps even cheaper) to purchase a new computer than attempting to spend hours rebuilding it.

Professional Help

If you are concerned you have been hacked, but feel like you do not have the skills or knowledge to fix it, you may want to turn

How Can You Tell If You've Been Hacked?

Here are some examples.

- **Your anti-virus program has triggered an alert that your computer is infected, particularly if it says that it was unable to remove or quarantine the affected files.**
- **Your browser's homepage has unexpectedly changed or your browser is taking you to websites that you did not want to go to.**
- **There are new accounts on your computer that you did not create.**
- **There are new programs running that you did not install.**
- **Your computer is continually crashing or running very slow.**
- **A program on your computer re-requests your authorization to make changes to your system, although you're not actively installing or updating any of your applications.**
- **Your firewall alerts you that a program you do not recognize is requesting permission to access the internet.**

your computer over to a professional. For example, after being hacked you may realize that your backups are incomplete or outdated. You may be tempted to transfer critical files such as photos, documents or videos between your infected machine and a new machine. However by doing this you can inadvertently transfer malware and infect your new computer at the same time. A far safer alternative is to take the infected computer to a qualified technician who can safely recover these files without risking transferring the infection.

Source: Jake Williams; OUCH!; May, 2014

Baby Steps

Have PQRS On Your Mind?

QualityNet Help Desk:

- Portal password issues
- PQRS/eRx feedback report availability and access
- IACS registration questions
- IACS login issues
- PQRS and eRx incentive Program questions

Call 866-288-8912 (ITTY 877-715-6222) from 7:00 am to 7:00 pm Central Standard Time Monday through Friday or qnetsupport@hcqis.org. You will be asked to provide basic information such as name, practice, address, phone and email.

Provider Contact Center

- Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- See Contact Center Directory at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirecotry.zip>

EHR Incentive Program Information

Center:

888-734-6433 (TTY 888-734-6563)
OHIO Region V Office Contact is Jonathan Sanchez-Leos (312-353-1351) or Jonathan.Sanchez-Leos@cms.hhs.gov

Who needs Virtual Payments?

Some insurance carriers have recently begun sending virtual credit card payments to providers for claim reimbursements. Instead of issuing a check, payers are issuing virtual cards to practices. This can literally cut your reimbursement as much as 5% after the merchant transaction fees. Every transaction carries a fee for the recipient, usually 1.9% to 3% or more depending on the amount. Credit card companies build in additional fees to offset fraud risk and even offer kickbacks of up to 1.75% to the payers themselves while you receive less money in your pocket.

Providers who process these types of virtual credit card payments from the insurance carriers end up accepting lower payment than the contracted amounts agreed upon in fee schedules. Do you need any further pay cuts in your bottom line? So what is your recourse? You can call the card

service number on the remittances that you receive on virtual payments and tell them you'd like to Opt Out of receiving credit card payments. Ask that you be reissued a check. Be vigilant and call each one you receive until the carrier stops sending virtual payments. It just smart business sense and will improve your bottom line. Just say "check please."

Is Your Credentialing Current?

Is your practice credentialing up to date with insurers? One of the very first things you should check is your insurance correspondence. Do you need to re-credential? Do you have an application to undertake that task? Once you have the application, you need to accurately complete and remit the form in a timely manner. Many practices have changes, so those changes should be updated promptly to avoid delays with insurance reimbursements. While you're at it, review your NPI, CAQH, PECOS, check your login and passwords and change those every quarter. It's just good business practice. Is your license renewed as well as your DEA? Make it a practice to check all these items on July 1. One last thing you may want to check is your APMA/OHFAMA dues. Is it current and have your remitted your dues? If not please do so and while you're at it, don't forget your OPPAC donation.

CareSource: According to a release from CareSource, it is the responsibility of the provider to ensure that members are referred to participating laboratory providers. There is a "Find a Doctor/Provider" tool on the CareSource.com Web site. When providers use this tool, they can search for participating labs under the members' specific CareSource plan. Be advised that CareSource will no longer make payments to non-participating providers unless there is an existing authorization on file.

Molina: According to Molina's new PA Guidelines, Molina does require a prior authorization on the following codes: L1970; L5000, L3020 and L3000.

Two Gloves Are Better Than One

Despite pages upon pages of clinical studies that have proven the effectiveness of double-gloving in protecting surgical team members from sharps injuries, needle sticks, and infectious diseases such as HIV,

and hepatitis B and C, the practice isn't yet routine. Time and again we hear that clinical proof is needed to drive change in the operating room. Well, here it is. A survey published in the journal *Infection Control and Hospital Epidemiology* (tinyurl.com/pd-joes) reveals that 99% of polled surgeons suffered at least one needle stick in their careers. The problem, note the researchers, is that surgical glove punctures often go unnoticed during cases, meaning surgeons might be exposed to blood and associated infection risks without knowing it.

The researchers say glove puncture rates vary, although risks increase to as high as 70% during longer procedures as well as during surgeries requiring maximum effort in deep cavities and around bones. They further note that research shows the risk of blood contact is decreased from 70% with single gloves to as low as 2% with double gloves, likely because the inner glove was shown to remain intact in up to 82% of cases.

Source: Daniel Cook, OutPatient Surgery

Under Coding Is No Better than Over Coding

Question: I'm in need of written documentation to verify that "under coding" is a compliance risk, much like over coding. Where can I find this?

Answer: The Centers for Medicare & Medicaid Services (CMS), through its Medicare Learning Network, offers a Fact Sheet detailing "Medicare Fraud and Abuse: Prevention, Detection, and Reporting." Nothing in the document specifically talks about "down coding" or "under coding," but if you read between the lines, you'll recognize under coding as a compliance risk.

For example, consider the CMS definition of fraud: In general, fraud is defined as making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. These acts may be committed either for the person's own benefit or for the benefit of some other party. In other words, fraud includes the obtaining of something of value through misrepresentation or concealment of material facts.

Deliberate under coding is, in reality, "making a false statement" about the

Baby Steps continued on page 14.



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Baby Steps continued from page 12.

services provided, and is ultimately a “misrepresentation” of the facts. The fact sheet gives an example of fraud as “knowingly billing for services that were not furnished,” which would apply if services are purposefully under coding.

HIPAA Audits 2014 - 2015 Part 2

What should you have in place for the initial round of the desk audits?

Privacy and Security Risk Analysis: This is a must have documentation for HIPAA OCR audit, MU audit or any type of investigation. Make sure the risk analysis follows acceptable framework and a certified professional puts her/his name on it.

Risk management documentation: This should address risk analysis mitigation steps and security monitoring efforts. Document how security gaps were addressed after risk analysis. Implement and document monitoring schedule of your systems e.g. periodic vulnerability scans, review of user’s access, business associates agreements etc.

Manage vendors/business partners especially those who access your systems or data. Ask your business partners for risk analysis and review it, periodically review external connections to your systems.

Stanford Passwords

Over the last couple of years Stanford University (including its medical center) has unfortunately experienced number of data breaches. To avert more data breaches, the university implemented new, stronger, yet more flexible/user friendly password policy (this is just one of the breach prevention efforts). The passwords or passcodes can be as short as 8 characters, with high complexity requirements e.g. R94%g*s or 16 to 20+ characters long with low complexity requirements e.g. EenieMeenieGotYourToe. <http://itservices.stanford.edu/service/accounts/passwords/quickguide>.

While this is a helpful, user friendly approach you should consider stronger protection for the high value targets e.g. banking websites, laptops, EHR applications, that would require a two factor or out of band authentication e.g. access code send to

your phone or generated by authenticator app.

Best practice for end users:

- Change passwords periodically. Focus on high value websites/applications e.g. banking, EHR, PM etc.
- You should NOT be able to remember all your passwords, if you do you are either re-using them or they are fairly simple.
- Start using a password vault/manager like <https://lastpass.com/> or <http://www.digitalpersona.com/>
- Password managers allow you to easily use and manage long random passwords: !!hKYy^%\$67 and you can reset them when needed.

Resources

The Office of the National Coordinator for Health Information Technology’s (ONC) released second Cyber Secure Your Medical Practice web-based security training module dealing with contingency planning. The training can be found at <http://www.healthit.gov/providers-professionals/privacy-security-training-games>.

A good assortment of every day educational and training resources for end users can be found at <http://www.securingthehuman.org/> and <http://www.staysafeonline.org/>

All Data Has Value

Account numbers, health or tax information, building plans, contract information, proprietary code, patent or payroll data, business financials, intellectual property.

Theft of laptops, small data breaches trigger high penalties for Concentra and QCA health plan <http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/>

Transcriptionist Breach Affects 15,000 Boston Medical Center Fires Business Associate Involved – Ask business partners to demonstrate compliance with HIPAA.

The Value of a Hacked Email Account – spam, harvesting, privacy, retail resale, financial, work documents can be found at <http://krebsonsecurity.com/2013/06/the-value-of-a-hacked-email-account/>

Bill Would Allow Ohio State Medical Board to Issue Fines for Rules Violations

At the request of officials from the State Medical Board of Ohio, Rep. Anne Gonzales, from Westerville, is pushing for the passage of a bill that would permit the board to fine medical professionals for failing to comply with continuing medical education requirements without suspending the individual’s certificate to practice. House Bill 531 also would authorize OSMB to fine a certificate holder for violating laws administered by the board and impose additional terms and conditions for certain certificate restorations. The fines could be levied against physicians and podiatrists, among others.

Current Ohio law authorizes the board to limit, revoke, or suspend an individual’s certificate to practice, refuse to register the individual, refuse to reinstate a certificate, or reprimand, or put a certificate holder on probation for a rules violation but does not authorize a fine. If the bill is enacted, says Gonzalez, Ohio would join 38 states which have permitted their medical licensing bodies to impose fines on physicians and other medical professionals who are found to have violated state law. Source: PM News, May 27, 2014 #5,069

Medicaid Applications in Ohio Benefits

(updated April 30, 2014)

From October 1, 2013 to April 30, 2014, 546,378 Ohioans applied for Medicaid coverage through Ohio Benefits, the state’s new online eligibility system. Of these, 400,288 (73 percent) have been resolved, with 308,866 individuals enrolled in Medicaid and 91,422 determined ineligible. (This information, including county-level data, is shown in the attached tables.)

The Medicaid coverage numbers described above include 184,671 Ohioans who are “newly eligible” as a result of Ohio extending Medicaid coverage to more low-income residents on January 1, 2014.¹

Ohio’s actuaries estimate 563,000 Ohioans are newly eligible for Medicaid and 366,000 will sign up for coverage by June 2015.²

It is too early to know if those estimates are too high or too low.³

The enrollment numbers described above include 26,000 Ohioans who Ohio Medicaid

converted from “early enrollment” status through MetroHealth Hospital in Cleveland (the hospital was paying 36 percent of the cost of coverage) to “newly eligible” status (now the federal government is paying 100 percent of the cost).⁴

Ohio Medicaid is processing applications for 245,700 Ohioans that were pending in the federal system as follows:

- 93,700 (38 percent) are unrelated to Medicaid benefits;
- 66,000 (27 percent) are already in the state system;
- 20,000 were processed automatically and another 39,000 are candidates for automatic processing in May (24 percent total); and the remaining

27,000 (11 percent) are being transferred to county caseworkers in batches throughout May. High caseload counties were given an option to seek assistance from other counties to work pending cases, but none of the high caseload counties chose the shared services option.

Ohio Medicaid estimates that most of the initial influx of cases will be in the system by the end of May 2014. At that point, the Department will conduct a more in-depth analysis to understand and report details about who enrolled.

Footnotes:

1. Ohio Medicaid, most recent online enrollment report (posted May 12, 2014), page 4.
2. Mercer, Fiscal Impact of the Affordable Care Act on Medicaid Enrollment and Cost (February 2013), pages 58 and 60.
3. OBM Director Tim Keen testified that the state should wait to understand actual enrollment impacts before making additional Medicaid policy or budget decisions (Ohio House Ways and Means Committee, March 12, 2014), page 16.
4. Metro Health enrolled 28,000 individuals in the early enrollment waiver but, because some recipients enrolled directly in Medicaid and others aged out of the program (at age 65), only 26,000 enrollees were converted to newly eligible status.

Medical Board Names Interim Executive Director

On April 9, 2014, the State Medical Board of Ohio accepted the resignation of Execu-

tive Director Aaron E. Haslam, effective April 25, 2014. Medical Board President, Dr. Kris Ramprasad, stated “The Board accepted Mr. Haslam’s resignation with great hesitancy and reluctance.” On the same day the Medical Board appointed Jonathan Blanton, Esq., as the Interim Executive Director. Prior to joining the State Medical Board in 2014, Mr. Blanton worked in Attorney General Mike DeWine’s office and previously served as the Jackson County prosecutor for ten years. The Board will begin searching for a permanent Executive Director immediately.

Six Steps to Evaluating your Work Flow

by Lynn Homisak, SOS Healthcare & Management Solutions, LLC

Many employers tend to take current processes for granted. Not intentionally. They just get into the habit of doing things the same way, day after day and have come to accept the same “satisfactory” outcome. In one way, they’re never disappointed. In another, they could potentially be losing out on having much more efficient systems and more efficiency means increased revenue.

Change is never easy. If your practice is not moving forward, it’s either sitting still or... yikes, in reverse! A simplified “SWOT” analysis examination of your workflow allows you to reorganize those systems. This change is crucial and one option is to hire a consultant to make that happen. Alternatively, here’s an easy 6 step guide that will allow you to conduct your own DIY workflow evaluation.

Identify those process you want to evaluate. Some examples might be: Could phone calls be handled more effectively to drive more patients to the practice? Who’s managing the schedule? Your office or the patients? Are you interrupted too frequently in the treatment room? Are important messages not being received? Do lab tests occasionally get lost? Orthotic calls not being made in a timely manner? Charting delayed? Insurance delays? New patient calls and paperwork SNAFUs killing patient flow and causing unnecessary delays? Are policies doing what they’re supposed to? These are only a few things you’ll want to assess.

Start by taking three of your most taxing systems and list (in step by step detail) how they are currently being carried out.

For example, create an easy outline of a new patient call. What happens from start to finish? If you are familiar with flowcharting format and symbols, you can illustrate these steps for a more visual understanding as long as the main focus does not shift from fixing the problem to how pretty a chart you can create.

- Patient calls.
- Receptionist documents (and enters into EMR system) their name, address, phone number, insurance info, medical problem.
- Appointment is made.
- Patient is asked if they have internet access and if so...can they visit website to fill out paperwork?
- Patient is prompted to provide insurance cards, ID, completed paperwork to office on day of appointment.
- Patient is thanked for calling, appointment is re-stated and receptionist waits for patient acknowledgement.

What can be done differently to save wasteful steps and make the process more functional? Staying with the above example...since many new patients will simply forget to arrive with their completed paperwork (and have to spend additional time in your reception room re-completing it), it would be beneficial to check with your website or EMR company to see if they can fill their paperwork out on line and immediately return to office via a secure patient portal. This can end up saving time for the office (at least 15 minutes in most cases) and make it more convenient for the patient (and you). The office would also benefit from telling patients with internet access that they need to go to your website for the registration forms (as opposed to asking them).

Consider the practicality of the change. Who will it affect and how? What are the potential problems? Risks? Benefits? Are the associated costs sensible? What additional training is involved? Will it increase flow efficiency?

Try it out and get feedback. Put the new system in action; tap into staff for any identifiable snags and suggested last minute changes and finally, survey (or even just ask) patients about their overall experience. Make subsequent changes based on their feedback and the performance of the new system.

Don’t stop there! Move on to the next issue in the practice.



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